

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
02-012

2. STATE
IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
12/01/2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42CFR 440.170

7. FEDERAL BUDGET IMPACT:

a. FFY ~~2002~~ ²⁰⁰³ (\$ ~~13,737.00~~ ^{10,303.00}) P+I

b. FFY ~~2003~~ ²⁰⁰⁴ (\$ ~~14,424.00~~ ^{14,424.00}) P+I

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Page 35

Attachment 3.1-A Page 10 OMB No.: 0938-0193 (delete entire page)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B Page 35

Attachment 3.1-A Page 10 OMB No.: 0938-0193

10. SUBJECT OF AMENDMENT:

Deletes Medicaid coverage for Clozapine Care Coordination effective 12/1/2002. Clients who take Clozapine already have a prescribing physician who is responsible and is reimbursed for managing client care, including monitoring of their medications.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

KARL B. KURTZ

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Joseph R. Brunson, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: DEC 27 2002

18. DATE APPROVED: FEB 25 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

DEC -1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

P+I changes authorized by the state on
2/10/03.

Revision: ~~HCFA PM 87-R (BERC)~~ ATTACHMENT 3.1-A
~~MARCH 1987~~ Page 10
~~OMB No.: 0938-0193~~

~~AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY~~

- g. ~~Clozapine Care Coordination associated with prescribed Clozapine therapy to entities
operating a manufacturer-registered Clozapine treatment system.~~

TN#: 02-012
Approval Date FEB 25 2003
Effective Date: 12-1-2002
Supercedes TN#: 91-15

24. a. Transportation - Payment rates for ambulance services will not exceed the upper limits of Medicare reimbursement. Public transit and charter services, including air ambulance services, are limited to reasonable and customary rates generally acceptable in the community. Payments to individuals using private vehicles are limited to the rates established by the state.
- d. Nursing Facility Services for Individuals Under 21 Years of Age - Refer to attachment 4.19-D.
- e. Emergency Hospital Services - Refer to Attachment 4.19A and 4.19B-2
- f. Personal Care Services (PCS) - Personal Care attendants will be paid an hourly rate established by the Department's Medical Assistance Unit based on nursing home wages as required by Idaho Code. Separate rates will be established for independent providers and PCS agencies. RN and QMRP supervisors will be paid a flat rate per visit which will be established by the Department's Medical Assistance Unit.

TN# : 02-012
Approval Date FEB 25 2003
Effective Date: 12-1-2002
Supercedes TN#: 02-003